

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR)**Agency Liaison – Level 3**

NAME (Last, First, MI)

CAPID

DATE ISSUED

Prerequisites

Item

Date Completed

Qualified Planning Section Chief

The above listed member has completed the required prerequisite training for the agency liaison - level 3 specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE_____
DATE**Familiarization and Preparatory Training**

Task

Evaluator's CAPID and
Date Completed

Complete NIIMS G193 or equivalent

The above listed member has completed the required familiarization and preparatory training requirements for the agency liaison - level 3 specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE_____
DATE**Advanced Training**

Task

Evaluator's CAPID and
Date Completed

Complete Task C-4000 Demonstrate the ability to select an incident staff

Complete Task C-4001 Demonstrate ability to complete an ICS Form 201

Complete Task C-4002 Demonstrate ability to develop and approve
an incident Action Plan (ICS Forms 202-206 with attachments)Complete Task C-4003 Demonstrate ability to closeout a mission
including completion of ICS Form 115Complete Task C-4004 Demonstrate the ability to conduct a major
incident briefingComplete Task C-4005 Demonstrate the ability to coordinate with
other agenciesComplete Task C-4130 Demonstrate the ability to select and establish
a suitable staging area

Complete Task P-0101 Demonstrate ability to keep a log

Complete Flight Release Officer training

Complete the appropriate portion of CAPT 117, Emergency Services
Continuing Education examinations

The above listed member has completed the required familiarization and preparatory training requirements for the (insert specialty name) specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE_____
DATE

Exercise Participation

The above listed member satisfactorily participated as an agency liaison - level 3 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

The above listed member satisfactorily participated as an agency liaison - level 3 trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the agency liaison - level 3 specialty qualification and is authorized to serve in that specialty on training or actual missions.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE